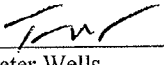


Exhibit 149

I, Peter Wells, an attorney-at-law and notary public of the State of New York hereby certify that this Institutional Customer New Account Form is a true and correct copy of the original of which I am personally familiar with.



Peter Wells
Attorney-at-law and Notary Public
Dated: *July 28, 2014*

PETER WELLS
Notary Public, State of New York
No. 02WE6172850
Qualified in New York County
Commission Expires Oct. 21, 2015



INSTITUTIONAL CUSTOMER NEW ACCOUNT FORM

All customers must complete Section A, either Section B or C (as applicable) and provide all documentation requested in Section D

SECTION A (to be completed by ALL customers)

Customer Legal Entity (Full) Name:	Avanix Management LLC Roth 401K		
Jurisdiction of Incorporation:			
Date of Incorporation:	July 18, 2014		
Incorporation number (or equivalent):			
Tax Identification Number (if applicable):	47-1341014		
Parent Legal Entity (if applicable) Name:	Avanix Management LLC		
Is Customer or Parent a Public Company (Yes or No):	No		
If 'Yes', Listing Exchange:			
Registered Office Address:	Address Line 1: State of Delaware		
	Address Line 2: 1811 Silverside Road		
	City: Wilmington		
	State: DE	Postcode/Zip Code: 19810	Country: USA
Place of Business Address (if different):	Address Line 1: Avanix Management LLC C/O Kaye Scholer LLP		
	Address Line 2: 425 Park Avenue		
	City: New York		
	State: NY	Postcode/Zip Code: 10022-3598	Country: USA

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Principal Contact Details	Name:	Richard Markowitz
	Title/Position:	Trustee
	Telephone Number	(917) 848-5675
	E-mail Address:	Admin@AvanixPension.com

SECTION B (ONLY complete if customer is Regulated by a Recognised Financial Regulatory Authority)

Regulated Firm Type (eg: Broker Dealer, Investment Firm, or Other):	Please specify:
Firms Financial Regulatory Authority:	
Country of Regulation:	
Firm's Regulatory Identification #:	
Link to Regulators Database/Website:	

SECTION C (ONLY complete if customer is not regulated / Section B above is not applicable)

Description of Firm's Principal Business Activity:	The Plan is created for the purpose of receiving contributions, and providing benefits to the participants and their beneficiaries.		
Please describe the ownership structure of the Firm:			
In the event that 2013 financials (Section D) are not available, please confirm value of assets on balance sheet:	Assets in excess of \$250k <input type="checkbox"/>	Assets less than \$250K <input checked="" type="checkbox"/>	
Investment / Trading Experience Level (of Principals and Authorised Traders)	(please check one based on criteria)		
	Experienced <input checked="" type="checkbox"/>	Moderate Experience <input type="checkbox"/>	Inexperienced <input type="checkbox"/>
Average Years of Experience	Over 5 Years	1 to 5 Years	Less than 1 Year
Average Number of Trades per Year	Over 15	5 to 15	Less than 5

SIGNED ON BEHALF OF THE CUSTOMER:

JHVM_0026929

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SECTION D – SUPPORTING DOCUMENTATION

Part I (To be provided by ALL customers)

Certified copy of Certificate of Trust (<i>or equivalent</i>).	
Certified copy of Trust Agreement (<i>or equivalent</i>)	
Parent LLC Operating Agreement	
Certified copy of Pension Plan Rules (<i>or equivalent</i>).	
Certified copy of the Register of Directors (<i>or equivalent legal document</i> confirming the directors/officers and the members of the company)	
Signed W-9 tax form where Client is a U.S. Person	
Certified list of Authorised Signatories authorised to execute, on behalf of the Client (and POA agreement where applicable)	
List of Authorised Traders authorised to enter into trading transactions on behalf of the Client (signed by Authorised Signatory)	

Part II (To be provided ONLY by unregulated customers)

Certified copies of passports and a proof of address document (<i>less than 3 months old</i>) for all current Directors	
Certified copy of the Register of Shareholders (or Certified List of all current shareholders who directly, or indirectly, own 10% or more of the shares of the Company)	
Certified copies of passports and a proof of address document for all current shareholders (<i>or equivalent</i>) who directly, or indirectly, own 10% or more of the shares in the Company (<i>if different from the Directors</i>).	
Certified copy of the most recent audited	

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financial statements (where not available
please provide a Certificate of Good Standing).

BALLYGATE INTERNAL USE ONLY

Signed Customer Account Opening Form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CDD / AML Documentation Checked	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Customer Suitability Classification	REGULATED <input type="checkbox"/>	SOPHISTICATED <input type="checkbox"/>
Shareholder/Director OFAC Check	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signed		
Name		
Date		

AUTHORISED SIGNATORIES
Full Name
Richard Markowitz

Name of Trustee: Richard Markowitz

Signature of Trustee: 

AUTHORISED TRADERS
Full Name
Richard Markowitz

Name of Trustee: Richard Markowitz

Signature of Trustee: 